Children's Services Statewide Training Partnership  Revised April 2													21, 2	2005						
<b>Registration Form</b> (Forms faxed or mailed prior to the date registration opens will NOT be considered)																				
□ Ms. □ Mrs. F	irst Name			MI							Las	t Na	ame							
□ Mr.□ Dr.																				
If you have registered for a tra	ining under a d	ifferen	t name,	wha	ıt is t	hat	nam	e? _												
"Goes By" Name Social Security Number Gender																				
					<b>—</b> — — — — — — — — — — — — — — — — — —								☐ Female ☐ Ma					Mal	e	
Race (Optional)																				
□ African American       □ Asian/Pacific Islander       □ Caucasian       □ Latino       □ Native American/Eskimo       □ Mixed Race         Home Phone (please include area code)       Work Phone & Extension (please include area code)															ce					
Home Phone (please include area of	code)	7	Wo	rk P	hone	& E	xtens	sion (	plea	se inc	clud	e ar	ea co	de)	Г	I				
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Agency Name				+			<u> </u>						1					1	1	
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Mailing Address (PO Box, Drav	wer #, or Street N	ame and	d Suite #	<u>)                                    </u>	1	1	1	1	I			_	1	ı	1	ı	ı -		1	
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State Courier #	County					L			l						_ l					
	Supervisor's	Full Na	amo			1	1		Sun	orvie	or's	Dha	one (	nloo	so in	elude	oro	0.00	رام) الم	
□ Ms. □ Mrs.	Supervisors	Full 14							Sup	VIS	01 5	_ [	<u> </u>	picas	] _		are	a coc	10)	
□ Mr.□ Dr.												ן – ו ר				Ш				
- D: . G!! . G								(check only one) Highest Degree												
□ Not Applicable □ County DSS - Permanent	SS - Permanent						ult Se		re Services				□ HS □ Masters □ Associate □ Doctorate							
□ County DSS - Temporary	County DSS - Temporary								Services				□ Bachelor							
□ County Non-DSS	□ Program/Admin.Support □ Director					□ Other Services							Highest Social Work Degree							
☐ Federal Agencies ☐ State Agency/Public University	□ Other A						Are you a Student in the C						BSW/BSSW							
☐ Private University/College ☐ Student ☐ Stud							ollab						□ MSW/MSSW							
□ Private Agency/Business				Y	es 🗆	N	o 🗆				□ PhD/DSW									
Program and Date Responsibilities Assumed (mm/yy)														er R						
Complete this box if you are a County DSS Line Supervisor or Direct Client Contact Worker (Check all that apply CURRENTLY)							rker		Complete this box if you a county DSS work								TOP	a		
Adoption (/)									☐ Guardiam ad Litem											
Case Planning & Case Management/In Home Services (/)													reser					ort		
Child Placement ()									☐ Family Res. Ctr. / Family Support ☐ Foster Care Child Adolescent											
CPS Investigative Assessment/Family Assessment ()									☐ Foster Care / Adoptive Parent ☐ Health											
☐ CPS Intake (/) ☐ Foster Care Licensing (/)									☐ Juvenile Justice											
CPS Occasional On Call (/)									☐ IFPS (Private) ☐ Mental Health											
Family Meetings Facilitator (/) Other(/)									Other											
☐ Family Preservation (									☐ Private Res. Care Agency ☐ Private Foster Care / Adopt. Agency											
To ensure this form is faxed or mailed to the appropriate person please refer to the Training Schedule												У								
Incomplete forms will be returned to the sending agency																				
Training event you are registering find Date(s) of Training Event:	for:																			
Location of Training Event:																			-	
If you are making up a missed train	ing day, which day	y are you	ı making	up?_																